EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT

This form must be mailed or faxed to the resident's employer by on-site personnel.
The resident cannot "hand carry" this form to his/her employer.

TO: (Name & address of employer)

_____
_____
_____

☐ 1st Request _____
☐ 2nd Request _____
☐ 3rd Request _____
Fax #: _____
Attn: _____

RE: _____ Applicant/Resident Name _____ Social Security Number _____ Unit # (if assigned)

I hereby authorize release of my employment information.

_____ Signature of Applicant/Resident _____ Date

The individual named above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

_____
Management Agent

_____
Phone Number

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please use **GROSS** amounts and do not leave any sections blank; enter zero "0" or "N/A."

Employee Name: _____ Job Title: _____

Presently Employed: ☐ Yes Date First Employed: _____ ☐ No Last Date of Employment: _____

Current **Gross** Wages/Salary: $ _____ (check one below) Average # of regular hours per week: _____

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other: _____

Year-to-date **gross** earnings: $ _____ from _____ (mm-dd-yy) through _____ (mm-dd-yy)

Overtime Rate: $ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: $ _____ per hour Average # shift differential hours per week: _____

Commissions, bonuses, tips, other: $ _____ (check one below) Included in Y-T-D figure above? ☐ Yes ☐ No

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other: _____

List any anticipated increase in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

Does the employee participate in a 401(k) Retirement account? ☐ Yes ☐ No Can employee access the account? ☐ Yes ☐ No

If the employee work is seasonal or sporadic, please indicate the layoff period(s): _____

If no Social Security number was provided, did employer view picture identification? ☐ Yes ☐ No

Additional Remarks: _____
_____

_____ Employer's Signature _____ Employer's Printed Name and Title _____ Date

_____ Employer (Company) Name _____ E-mail Address _____ Phone # _____ Fax #

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.